

1 Harry Eldridge, H-06424
 2 Mule Creek State Prison
 3 P.O. Box 409060, C-13-244-L
 4 Ione, CA 95640

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 8 **UNITED STATES DISTRICT COURT**
 9 **NORTHERN DISTRICT OF CALIFORNIA**

10 Harry Eldridge

11 Plaintiff,

12 vs.

13 Richard Subia, (Warden),

14 Defendant.

CASE NO. 08-2683-JSW

**PRISONER'S
 APPLICATION TO PROCEED
 IN FORMA PAUPERIS**

15
 16 I, Harry Eldridge, declare, under penalty of perjury that I am the plaintiff in
 17 the above entitled case and that the information I offer throughout this application is true and correct.
 18 I offer this application in support of my request to proceed without being required to prepay the full
 19 amount of fees, costs or give security. I state that because of my poverty I am unable to pay the
 20 costs of this action or give security, and that I believe that I am entitled to relief.

21 In support of this application, I provide the following information:

22 1. Are you presently employed? Yes ___ No X

23 If your answer is "yes," state both your gross and net salary or wages per month, and give the name
 24 and address of your employer:

25 Gross: _____ Net: _____

26 Employer: _____

27
 28 If the answer is "no," state the date of last employment and the amount of the gross and net salary

PRIS. APPLIC. TO PROC. IN FORMA

PAUPERIS, Case No. _____

- 1 -

and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

5. Do you own or are you buying a home? Yes ___ No X

Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6. Do you own an automobile? Yes ___ No X

Make _____ Year _____ Model _____

Is it financed? Yes ___ No ___ If so, Total due: \$ _____

Monthly Payment: \$ _____

7. Do you have a bank account? Yes ___ No X (Do not include account numbers.)

Name(s) and address(es) of bank: _____

Present balance(s): \$ _____

Do you own any cash? Yes ___ No X Amount: \$ _____

Do you have any other assets? (If "yes," provide a description of each asset and its estimated

market value.) Yes ___ No ___

8. What are your monthly expenses?

Rent: \$ 0 Utilities: 0

Food: \$ 0 Clothing: 0

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
<u>0</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

PRIS. APPLIC. TO PROC. IN FORMA

PAUPERIS, Case No. _____

1 and wages per month which you received. (If you are imprisoned, specify the last place of
2 employment prior to imprisonment.)

3 _____
4 _____
5 _____
6 2. Have you received, within the past twelve (12) months, any money from any of the following
7 sources:

8 a. Business, Profession or Yes ___ No X
9 self employment

10 b. Income from stocks, bonds, Yes ___ No X
11 or royalties?

12 c. Rent payments? Yes ___ No X

13 d. Pensions, annuities, or Yes ___ No X
14 life insurance payments?

15 e. Federal or State welfare payments, Yes ___ No X
16 Social Security or other govern-
17 ment source?

18 If the answer is "yes" to any of the above, describe each source of money and state the amount
19 received from each.

20 _____
21 _____
22 3. Are you married? Yes ___ No X

23 Spouse's Full Name: _____

24 Spouse's Place of Employment: _____

25 Spouse's Monthly Salary, Wages or Income:

26 Gross \$ _____ Net \$ _____

27 4. a. List amount you contribute to your spouse's support : \$ _____

28 b. List the persons other than your spouse who are dependent upon you for support
PRIS. APPLIC. TO PROC. IN FORMA

PAUPERIS, Case No. _____

- 2 -

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ___ No X

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

5-21-08

DATE

Harry G. Gude

SIGNATURE OF APPLICANT

PRIS. APPLIC. TO PROC. IN FORMA

PAUPERIS, Case No. _____

- 4 -

DECLASSIFIED
NO RELEASE TO THE PUBLIC
Case Number: _____

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of HARRY LEE ELDRIDGE for the last six months at

[prisoner name]

MULE CREEK STATE PRISON where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 0 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0.

Dated: 5/28/08

H. Sanchez CCI
[Authorized officer of the institution]

CALIFORNIA DEPARTMENT OF CORRECTIONS
MULE CREEK STATE PRISON
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

REPORT D
PAGE

ACCOUNT NUMBER : H06424
ACCOUNT NAME : ELDRIDGE, HARRY LEE
PRIVILEGE GROUP: A
FOR THE PERIOD: NOV. 01, 2007 THRU MAY 22, 2008

BED/CELL NUMBER: C 13000000
ACCOUNT TYPE: I

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>
TRUST ACCOUNT ACTIVITY

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTION TO BE POSTED
0.00	0.00	0.00	0.00	0.00	0.00

CURRENT
AVAILABLE
BALANCE

0.00